

# STANDARD CERTIFICATE OF DEATH

43220

State File No. ....

FILED NOV 19 1957

BIRTH NO. ....		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>4504</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ADVANCE</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY OR TOWN <u>ADVANCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>- -</u>				STREET ADDRESS (If rural, give location) <u>1020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>JENKINS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 6, 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 28, 1878</u>	
9. AGE (in years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GRAIN CO. OPERATOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN COMPANY</u>		13a. FATHER'S NAME <u>JAMES JENKINS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>OCTAVIA JENKINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-01-7907</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. H. Jenkins, Advance, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis (infarction).</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1. Coronary Atherosclerosis</u> DUE TO (c) <u>2. General Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3. Post operative shock</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>4251</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 3rd, 1957</u> , to <u>Nov. 6th, 1957</u> , that I last saw the deceased alive on <u>Oct. 3rd, 1957</u> , and that death occurred at <u>5:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur M. Foster M.D.</u>				23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>11/13/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/8/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PHEASANT HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>STODDARD Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/16/57</u>		REGISTRAR'S SIGNATURE <u>Bernice Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Lloyd S. Mueger, 2nd Advance</u> (Licensed Embalmer's Statement on Reverse Side) <u>770.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. .... 464

P. O. Address ..... Adv...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.